

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002358

STATE FILE NUMBER

AMENDED

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 19

FILED FEB 7 1962

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM TOWNSHIP</u> | | c. CITY OR TOWN <u>FESTUS, Mo.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF. MEMORIAL HOSP.</u> | | d. STREET ADDRESS (If outside, give location) <u>519 W. MAIN ST.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>GARNET</u> Last <u>BROWN</u> | | 4. DATE OF DEATH Month <u>JAN.</u> Day <u>28</u> Year <u>1962</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-4-12</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHANIC</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GLASS FACTORY</u> | |
| 11. BIRTHPLACE (City and state or country) <u>DANBY, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JAMES BROWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATIE HOLT</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>ROSE E. BROWN</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>UNKNOWN</u> | |
| 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT <u>3 Mrs. ROSE E. BROWN, FESTUS, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>Jan. 27, 1962</u> to _____ and last saw her alive on <u>Jan. 27, 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Destalin Selgou, M.D.</u> (Degree or title) | |
| 22b. ADDRESS <u>Festus, Mo.</u> | | 22c. DATE SIGNED <u>1/28/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1-30-62 ROSELAWN</u> | | 23b. DATE | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>James R. Cady</u> | | 25. DATE RECD. BY LOCAL REG. <u>1/29/62</u> | |
| ADDRESS <u>CRYSTAL CITY, Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>John A. Pridgen</u> <u>John D. Stall, Deputy</u> | |

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1962

FEB 8 1962

SEP 5 1962

APR 11 1963

J. Leggett

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James Richard Cady*
Licensed Embalmer No. *4309*

P. O. Address *CRYSTAL CITY*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.